



## Employment Application for OFFICE ASSISTANT III

**RETURN APPLICATION TO:**  
Department of Employee Relations  
City Hall, Room 706  
200 E. Wells St.  
Milwaukee, WI 53202-3554  
414-286-3751  
[www.milwaukee.gov/jobs](http://www.milwaukee.gov/jobs)

### INSTRUCTIONS TO APPLICANT- Please:

1. Print answers in black ink.
2. Answer all questions. Credit may not be given for incomplete information.
3. Date and sign page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initial) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

List any other names by which you have been known on official records: \_\_\_\_\_

Do you currently live in the city of Milwaukee? ☐ Yes ☐ No

If yes, when did you become a resident? (month/year) \_\_\_\_\_

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
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You must be PRESENTLY employed by the City of Milwaukee to apply for this position. Please list the following:

Position Title \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department \_\_\_\_\_ From (month/yr) to (month/yr) \_\_\_\_\_

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please write NO.

YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 5 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the field below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
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NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

**OPEN RECORDS/PUBLIC INFORMATION**

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

**EDUCATION AND TRAINING**

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No

If Yes, Name and Location of High School \_\_\_\_\_

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO MO. YR. MO. YR.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**READ CAREFULLY BEFORE SIGNING:**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

<b>Employer</b>	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
<b>Employer</b>	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
<b>Employer</b>	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

**TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of accommodations will you need?

\_\_\_\_\_ A signer

\_\_\_\_\_ A reader

\_\_\_\_\_ Extra time

\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

**THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_